


FILED
Jul 28, 2003 8:00 am
Secretary of State

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

07-14-2003 90323 014 ****50.00
 03-11-2003 90026 040 ****50.00

DOCUMENT # L00000005477

1. Entity Name
1530 COLLINS FUNDING, LLC



55052443

Principal Place of Business Mailing Address

**C/O HOWARD R. SCHARLIN
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130**

**C/O HOWARD R. SCHARLIN
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130**

2. Principal Place of Business 3. Mailing Address

GERALD KATCHER **1111 BRICKELL AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1111 BRICKELL AVE STE 2920 **SUITE 2920**

City & State City & State

MIAMI FL **MIAMI FL**

Zip Zip Country Country

33131 - USA **33131 - USA**

4. FEI Number **12-4142227** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHARLIN, HOWARD R
 MELLON UNITED NATIONAL BANK BUILDING
 1399 SW FIRST AVENUE 4TH FLOOR
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **GERALD KATCHER**

Street Address (P.O. Box Number is Not Acceptable)
MELLON FINANCIAL CENTER

1111 BRICKELL AVE STE 2920

City **MIAMI FL** Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GERALD KATCHER, MANAGER** DATE **7/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
M	KATCHER, GERALD	1399 SW 1 AVE	MIAMI FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MANAGER/DIRECTOR	GERALD KATCHER	1111 BRICKELL AVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			MIAMI FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE **7/8/03** DAYTIME PHONE # **305-376-2445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)